

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date of Review: SEP 02 2016

ENTERED

Permit #: 16-0381
Date: 9-21-16
Amount Paid: \$285
Refund: 9-16-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>Kay & Lee's Legacy LLC</u>		Mailing Address: <u>2381 Cass</u>		City/State/Zip: <u>FARMINGTON MI</u>		Telephone: <u>48335</u>		
Address of Property: <u>48440 Atkins Lake Rd</u>		City/State/Zip: <u>Grand View WI</u>		Cell Phone: <u>248-417-83</u>				
Contractor: <u>STEVE SCHWETT</u>		Contractor Phone: <u>319-560-2287</u>		Plumber: <u>319-560-2287</u>		Plumber Phone: <u>248-417-83</u>		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>STEVEN J SCHWETT</u>		Agent Phone: <u>319-560-2287</u>		Agent Mailing Address (include City/State/Zip): <u>3400 VISTA RD ELYIA</u>		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION: <u>NE 1/2 OF S 1/2 NW 1/4 Sec 14 T4 S 1/2 SE 1/4 R14</u>		Legal Description: (Use Tax Statement)		PIN: (23 digits) <u>04-021-2-021-1163-08000</u>		Recorded Document: (i.e. Property Ownership) Volume <u>1123</u> Page(s) <u>622</u>		
Section <u>19</u> , Township <u>44</u> N, Range <u>5</u> W		Town of: <u>Grand View</u>		Lot Size <u>6.36</u>		Acreage <u>1.36</u>		
<input checked="" type="checkbox"/> Shoreland →		<input checked="" type="checkbox"/> Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →		Distance Structure is from Shoreline: <u>30ft Old Setback</u>		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		If Yes—continue →		Distance Structure is from Shoreline: <u>↓</u> feet				
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water		
<u>\$ 40,000 (New Roof.)</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City		
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well		
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Mound</u>	<input type="checkbox"/>		
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>		
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>30</u>	Width: <u>30</u>	Height: <u>9.00</u>
Proposed Construction:	Length: <u>30</u>	Width: <u>30</u>	Height: <u>9.00</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>30</u> x <u>30</u>)	<u>900</u>
	Residence (i.e. cabin, hunting shack, etc.)	(<u>30</u> x <u>30</u>)	
	with Loft	(<u>30</u> x <u>30</u>)	
	with a Porch	(<u>30</u> x <u>30</u>)	
	with (2 nd) Porch	(<u>30</u> x <u>30</u>)	
	with a Deck	(<u>30</u> x <u>30</u>)	
	with (2 nd) Deck	(<u>30</u> x <u>30</u>)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<u>30</u> x <u>30</u>)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>30</u> x <u>30</u>)	
	Mobile Home (manufactured date)	(<u>30</u> x <u>30</u>)	
	Addition/Alteration (specify) <u>New Roofline / Scaffolding</u>	(<u>30</u> x <u>30</u>)	
	Accessory Building (specify) <u>Refrigerator Shed Roof</u>	(<u>30</u> x <u>30</u>)	
	Accessory Building Addition/Alteration (specify)	(<u>30</u> x <u>30</u>)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(<u>30</u> x <u>30</u>)	
	Conditional Use: (explain)	(<u>30</u> x <u>30</u>)	
	Other: (explain)	(<u>30</u> x <u>30</u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Faye Schwett, Drane S. Omernicks, Scott Schwett, Andrew McGowan, Steve Schwett Date 8-30-16

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: STEVEN J SCHWETT Date 8-30-16

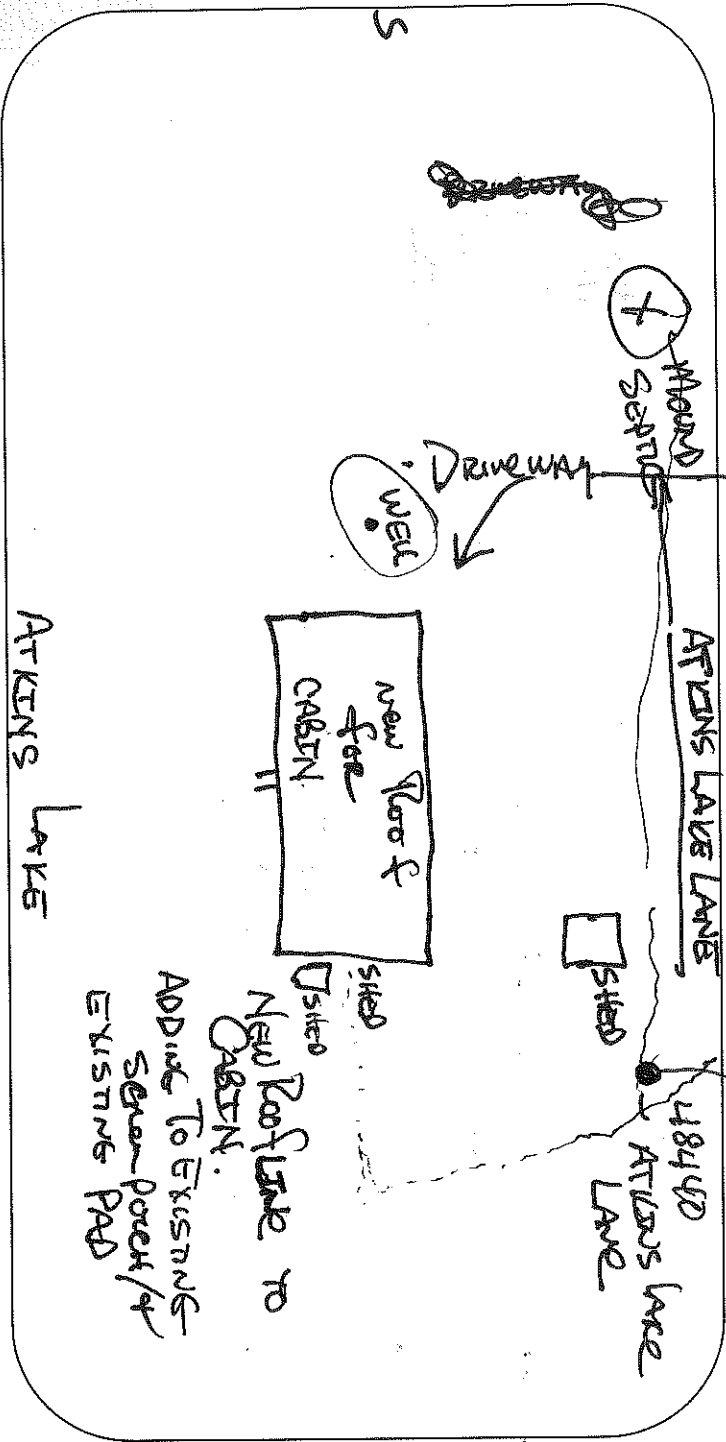
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 3400 VISTA RD ELYIA 52227 Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

CONFIDENTIAL



Changes in plans must be approved by the Planning & Zoning Dept.

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Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	N/A	Setback from the Lake (ordinary high-water mark)	30 Feet
Setback from the Established Right-of-Way	N/A	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	15 300 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	40 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	275 - 300 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	20 Lake	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Mound 56	Setback to Well	10 Feet
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)			Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):			Reason for Denial:		
Permit #:		Permit Date:			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) Yes _____ <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:		Zoning District () Lakes Classification ()			
Date of Inspection:		Date of Re-Inspection:			

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No they need to be attached.)

must get me

Signature of Inspector:

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1. *What is the main purpose of this document?*
 2. *What are the key findings of the study?*
 3. *What are the implications of these findings for practice?*
 4. *What are the limitations of this study?*
 5. *What are the conclusions of the study?*

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Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair, viewing a screen displaying a target (a red dot) and a starting point (a green dot). The subject's hand is positioned at the starting point, and the target is located at a distance of 10 cm from the starting point. The subject is instructed to move their hand from the starting point to the target. The screen is divided into two regions: a starting region (green) and a target region (red). The subject's hand is positioned at the starting point, and the target is located at a distance of 10 cm from the starting point. The subject is instructed to move their hand from the starting point to the target.

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Age Group	Percentage of Respondents
18-29	85%
30-49	80%
50-69	75%
70+	70%

100

<p>.....</p> <p>Data</p>	<p>.....</p>
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Signature of Approver